



## SAFEPLAN Certification Advocate Status Form

*To be completed by the Senior SAFEPLAN Advocate or Host Program Director  
and submitted to the SAFEPLAN Program Manager at MOVA*

Host Program Full Name: \_\_\_\_\_

Advocate Full Name: \_\_\_\_\_

Date of completion of Host Program Domestic Violence Training: \_\_\_\_\_

# of hours: \_\_\_\_\_

Date of completion of SAFEPLAN Certification Training: \_\_\_\_\_

Date of completion of Rape Crisis Counselor Certification: \_\_\_\_\_

# of hours: \_\_\_\_\_

Dates of Shadowing Components (20 hours) completed: \_\_\_\_\_

Courts where shadowing took place:

\_\_\_\_\_  
\_\_\_\_\_

Advocate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Senior Advocate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OR

Host Program Director or Executive Director: \_\_\_\_\_

Date: \_\_\_\_\_

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